



### PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable fees, to:

Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

KIRSCHSTEIN #8  
JUN 11 1999

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ENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

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KIRSCHSTEIN OTTINGER  
ISRAEL & SCHIFFMILLER  
551 FIFTH AVENUE  
NEW YORK NY 10176-0024  
10017

MM22/0608

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

#### Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

ALAN ISRAEL

(Depositor's name)

*[Signature]*

(Signature)

SEPTEMBER 3, 1999

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/009,231	01/20/98	024	DUNN, D	2876 06/08/99
First Named Applicant	KRICHEVER,	MARK		

TITLE OF INVENTION ELECTRO-OPTICAL SCANNER HAVING SELECTABLE SCAN PATTERN (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2 0291XZ	235-454.000	U04	UTILITY	NO	\$1210.00	09/08/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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"Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE SYMBOL TECHNOLOGIES, INC.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

HOLTSVILLE, New York

Please check the appropriate assignee category indicated below (will not be printed on the patent)

Individual  corporation or other private group entity  government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee  
 Advance Order - # of Copies \_\_\_\_\_

4b. The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER 11-1145  
(ENCLOSE AN EXTRA COPY OF THIS FORM)

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

ALAN ISRAEL, Reg. No. 271564

(Date)

9-3-99

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231.

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